

**IF YOU WOULD LIKE TO MAKE A CLAIM FOR MONEY OWED BY HARTMAN ESCROW, INC.,
FILL OUT THE INFORMATION BELOW
AND RETURN THIS FORM TO:**

**DEPARTMENT OF FINANCIAL INSTITUTIONS
P.O. Box 41200
Olympia, WA 98504**

CLAIMANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone number: _____ Email address: _____

☐ Check box and attach copy of assignment if claim has been assigned to you.

CLAIM INFORMATION

BASIS FOR CLAIM

- | | |
|--|---|
| <input type="checkbox"/> Funds held in escrow | <input type="checkbox"/> Wages, Salaries, and Commissions (Fill out below): |
| <input type="checkbox"/> Services performed | |
| <input type="checkbox"/> Goods purchased | |
| <input type="checkbox"/> Other Contract (identify) | |

☐ Other (describe briefly)

☐ Unpaid services performed
from _____ to _____
Nature of services(describe briefly)

Date of transaction: _____

Number by which you identify Hartman Escrow's account number: _____

Amount claimed which is owing to you by debtor on account of any transaction:

Principal amount: _____ ☐ Secured or ☐ Unsecured

Accrued Interest: _____

Other(describe): _____

You must attached copies of documents in support of this claim, such as purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, and evidence of any security interest or liens, and of any agreement as to the interest to be paid to you. If the documents are not available, explain why. If documents are voluminous, attach a summary. Additionally, you may also provide a short narrative of the basis of your claim in the space below.

Have any sums owed to you by Hartman Escrow, Inc., been offset? _____

Have you made any other attempts to recover your loss? ☐ Yes ☐ No

If yes, please explain:

CERTIFICATION

The undersigned certifies under penalty of perjury that Hartman Escrow, Inc., is indebted to the claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no interest other than such as had accrued as of the date of this claim has been included, that all information supplied herein is true and correct, and that the undersigned is authorized to make this claim.

There may be criminal penalties for presenting a fraudulent claim.

Date

Print name

Signature of claimant or other person authorized to file this claim (attach authorization/power of attorney)